

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11402	2. Fiscal Year Covered From: 01 / 01 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name Charlie A McGraw P.O. Box, Bldg., Room No., if any Suite 5E Street 848 W. Bantlett Rd City Bantlett State IL ZIP Code + 4 60103	4. Name, file number, and address of labor organization. Name Brotherhood of R.R. Signalmen Labor Organization File Number 000-167 P.O. Box, Building and Room Number, if any Street 917 Sheppardah Shores Rd City Front Royal State VA ZIP Code + 4 22630
5. Position in labor organization. International Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charlie A McGraw

On

5/4/06

Date

630-289-0227

Telephone Number

Name of Person Filing

Charlie A McGraw

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Value Options

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12369 Sunrise Dr.

City Reston

State VA

ZIP Code + 4 20191

9. Business deals with:

☒ a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Carrier Conference Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1901 L. STREET NW

City Washington

State D.C.

ZIP Code + 4 20036

11.a. Nature of such dealing.

Provides Mental health care Plan for R.R. employees

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

yearly Provides golf outing to Labor / mngn &amp; employees

12.b. Amount.

\$150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

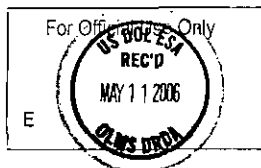
14.b. Amount of payment.

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3. Name and address of person filing. Name <b>Charlie A McGraw</b>  P.O. Box, Bldg., Room No., if any  Street <b>848 W. Bartlett - Suite 5E</b> City <b>Bartlett</b> State <b>IL</b> ZIP Code + 4 <b>60103</b>	4. Name, file number, and address of labor organization. Name <b>Brotherhood of Railroad Signalmen</b> Labor Organization File Number <b>000-167</b>  P.O. Box, Building and Room Number, if any  Street <b>917 Shenadoah Shores Rd</b> City <b>Front Royal</b> State <b>VA</b> ZIP Code + 4 <b>22630</b>
5. Position in labor organization. <b>International Vice President</b>	

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6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

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Signed

**Charlie A McGraw**

On

**5/4/06**  
Date

**630-284-0227**  
Telephone Number

